

# CITY OF GULFPORT

## REQUEST FOR EXTENDED FAMILY MEDICAL LEAVE (EFMLA) UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

The Families First Coronavirus Response Act provides up to an additional 10 weeks of ***paid expanded family and medical leave*** at two-thirds the employee's regular rate of pay where an employee, who has been employed for at least 30 calendar days, is unable to work due to a ***bona fide*** need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date EFMLA is to begin: \_\_\_\_\_

Check list (must be able to check all to apply for Extended FMLA under FFCRA):

\_\_\_\_\_ I have been employed by the City of Gulfport for a period of thirty (30) days or more.

\_\_\_\_\_ I am unable to work or tele-work due to a need for leave to care for a son or daughter (as defined under the FMLA) under 18 years of age of such employee if the school or place of care has been closed, or the child care provider (see definition below) of such son or daughter is unavailable, due to a public health emergency OR I have an adult son or daughter with a mental or physical disability who is incapable of self-care due to that disability as per Department of Labor Wage and Hour Division Fact Sheet #28K.

*Child care provider is defined as a provider who receives compensation from providing child care services on a regular basis including an "eligible child care provider" under the Community Development Block Grant Act of 1990.*

\_\_\_\_\_ I understand that the first ten (10) days out of work may be unpaid or I may use leave, at my election. I understand that I can use vacation, personal, compensatory, sick or Emergency Paid Sick Leave related to COVID-19, if I so chose, for that ten (10) day period.

\_\_\_\_\_ I understand that pay under the extended FMLA leave is limited to 2/3 of my regular rate of pay (subject to a \$200/day limit) for the number of hours that I would normally be scheduled to work.

\_\_\_\_\_ I understand that what I am paid under extended FMLA leave is limited to \$200/day and \$10,000 in the aggregate.

\_\_\_\_\_ I understand that I must provide notice to the City as is practicable.

\_\_\_\_\_ I have attached documentation in support of my statement that my son or daughter's school, place of care or child care provider are closed or unavailable due to a public health emergency (types of documentation include, but are not limited to e-mails from school, screen shots of websites, etc).

My son or daughter's school, place of care or child care provider: \_\_\_\_\_.

I hereby certify that the foregoing is true and correct, and that I understand that falsely claiming Extended Family Medical Leave Act pay may result in discipline and other punishments as allowed by law.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Approvals:

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Director's Signature

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Date

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Human Resources

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Date